

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
SENDER APPEAL DETERMINATION

CENTRAL OFFICE MEDIA REVIEW COMMITTEE
Building 4, Harriman State Campus
1220 Washington Avenue
Albany, NY 12226 - 2050

Date: _____

The decision of the _____ Facility Media Review Committee (FMRC) that denied the receipt, or portion(s) thereof, of the publication:

(Title) (Author, Date or Volume and Number)

that was sent to:

Incarcerated Individual Name Number Facility

has been **affirmed** | **reversed** by the Central Office Media Review Committee (COMRC) for the reason(s) stated on the attached COMRC Form #4572D, "Incarcerated Individual Appeal Determination," or, if no incarcerated individual appeal was submitted, for the following reason(s):

If the denial was also appealed by the incarcerated individual, please see the reasons.

If the appeal is granted, the incarcerated individual will be given the publication in the FMRC's possession. If the incarcerated individual had previously elected to dispose of the publication and the Department does not have a copy of the publication, another copy may be sent to the incarcerated individual.